

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention | Handheld Retractable Pull-Through Knife Sharpener | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------|-------------|-----------------|-------------|-----------|-------------|--------------------|-------------------|-----|------|--|----|------------------------|---|------|----|---|---------------------------------------|--|--|--|--|
| Application Number : | | | | | | | | | | | | | | | | | | | | | | | |
| Date : | | | | | | | | | | | | | | | | | | | | | | | |
| First Named Applicant: | Ms. Laura A. Ranieri | | | | | | | | | | | | | | | | | | | | | | |
| Attorney Docket Number: | 25469-451990 | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 864 | | | | | | | | | | | | | | | | | | | | | | | |
| Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | | | |
| Filing as large entity | | | | | | | | | | | | | | | | | | | | | | | |
| BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4" style="text-align: right;">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table> | | | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 1001 | 770 | 770 | Subtotal For Basic Filing Fees: \$ 770 | | | | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 1001 | 770 | 770 | | | | | | | | | | | | | | | | | | | | |
| Subtotal For Basic Filing Fees: \$ 770 | | | | | | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 23</td><td>3</td><td>1202</td><td>18</td><td>54</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="5" style="text-align: right;">Subtotal For Extra Claims Fees: \$ 54</td></tr></tbody></table> | | | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 23 | 3 | 1202 | 18 | 54 | Independent Claims : 2 | 0 | 1201 | 86 | 0 | Subtotal For Extra Claims Fees: \$ 54 | | | | |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | |
| Total Claims : 23 | 3 | 1202 | 18 | 54 | | | | | | | | | | | | | | | | | | | |
| Independent Claims : 2 | 0 | 1201 | 86 | 0 | | | | | | | | | | | | | | | | | | | |
| Subtotal For Extra Claims Fees: \$ 54 | | | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit account number: | 191351 | | | | | | | | | | | | | | | | | | | | | | |
| Access Code | ***** | | | | | | | | | | | | | | | | | | | | | | |
| Deposit name: | Seyfarth Shaw | | | | | | | | | | | | | | | | | | | | | | |
| Deposit authorized name: | Joseph R. Lancer | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | /Joseph R. Lancer/ | | | | | | | | | | | | | | | | | | | | | | |
| Date (YYYYMMDD): | 2004-01-08 | | | | | | | | | | | | | | | | | | | | | | |
| Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h). | | | | | | | | | | | | | | | | | | | | | | | |
| Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17. | | | | | | | | | | | | | | | | | | | | | | | |